

A SURVEY OF MOTHERS IN NORTH DAKOTA

What is today's date? _____

Here are three questions about **your recent pregnancy**. Please check the box next to the best answer:

1. Was your new baby born more than 3 weeks **before** its due date? ☐ Yes
☐ No
2. Did your new baby weigh **less** than 5 pounds, 8 ounces at birth? ☐ Yes
☐ No
3. a. Does your baby have any special medical problems? ☐ Yes (Go to question 3b)
☐ No (Go to question 4)

b. Please describe your new baby's medical problem:

The next three questions are about **the baby born just before your new baby**. If you have only had one pregnancy, go to question 7.

4. Was the baby that was born just before your new baby, born more than 3 weeks **before** its due date?
☐ Yes
☐ No
☐ I had a miscarriage (Go to question 7)
5. Did the baby that was born just before your new baby, weigh **less** than 5 pounds, 8 ounces at birth?
☐ Yes
☐ No
6. a. Did the baby that was born just before your new baby, have any special medical problems?
☐ Yes (Go to question 6b)
☐ No (Go to question 7)

b. Please describe this baby's medical problems:

Questions 7-11 are about the **three months before you became pregnant** with your new baby:

7. On the average, during the **three months before you were pregnant**, how many **cigarettes per day** did you smoke? *If you did not smoke at all, enter "0" cigarettes.*
_____ Cigarettes ☐ Less than one cigarette a day
8. a. On the average, during the **three months before you were pregnant**, how many **days a week** did you drink beer, wine, or liquor? *If you did not drink at all, enter "0" days and skip to question 9.*
_____ Days a Week _____ Less than 1 day a week

b. On the average, **how many drinks** of beer, wine, or liquor did you have on the days when you had a drink during the **three months before you were pregnant**? *(A drink is: One glass of wine, One wine cooler, One can or bottle of beer, One shot of liquor, or One mixed drink).*
_____ Drinks a day
9. During the **three months before you were pregnant**, did you take a multi-vitamin pill? *Check one answer only.*
☐ Yes, every day
☐ Yes, 4 to 6 times a week
☐ Yes, 1 to 3 times a week
☐ Yes, Less than 1 time a week
☐ No, I did not take any vitamins
10. What was your weight before you became pregnant? _____ pounds
11. What is your height? _____ feet _____ inches

12. These questions are about events that may have happened **during the 12 months before your delivery**. This includes the three months before you got pregnant. For each event listed below, circle Y (Yes) if it happened to you or N (No) if it didn't.

- | | | |
|--|---|---|
| a. A close family member was very sick and had to see a doctor..... | Y | N |
| b. Another close relative was very sick and had to see a doctor..... | Y | N |
| c. You got separated from your husband or partner | Y | N |
| d. You got divorced..... | Y | N |
| e. You were homeless..... | Y | N |
| f. You were involved in a physical fight | Y | N |
| g. Your husband or partner physically hurt you..... | Y | N |
| h. You were arrested..... | Y | N |
| i. You were charged with or convicted of an offense | Y | N |
| j. Your husband or partner was sent to jail | Y | N |
| k. Your husband or partner lost his job | Y | N |
| l. You got into debt over your head..... | Y | N |
| m. You lost your job even though you wanted to go on working | Y | N |
| n. Someone very close to you had a problem with drinking or drugs | Y | N |
| o. Your husband or partner died..... | Y | N |
| p. A close family member (other than your husband) died | Y | N |
| q. A close friend died..... | Y | N |
| r. A close family member tried to commit suicide | Y | N |
| s. You had no support from a partner or family member during your pregnancy..... | Y | N |

Here are a few more questions about **your recent pregnancy**:

13. How did you feel about becoming pregnant? *Check only one answer.*

- ☐ I wanted to be pregnant sooner
☐ I wanted to be pregnant later
☐ I wanted to be pregnant then
☐ I didn't want to be pregnant then or any time in the future
☐ I was unsure how I felt about being pregnant
☐ Other: _____

14. Did any of these things keep you from getting health care as **early** as you wanted in your pregnancy? *Check all that apply.*

- ☐ I had no one to take care of my children
☐ I had no way to get to the clinic or doctor's office
☐ I didn't know where to go for prenatal care
☐ I couldn't get a doctor or nurse to take me as a patient
☐ I couldn't get an appointment earlier in my pregnancy
☐ I couldn't get away from work
☐ The office hours were inconvenient
☐ I didn't know that I was pregnant
☐ I didn't have enough money to pay for my visits
☐ My insurance didn't pay enough money for my visits
☐ I didn't need to go so early because I'd been pregnant before and knew what it was all about
☐ I didn't think early prenatal care was important
☐ I had no problems; I got care when I wanted it
☐ Other: _____

15. a. How did you travel to most of your pregnancy checkups? *Check only one answer.*

- ☐ I rode in my own vehicle
☐ I rode with someone else in their vehicle
☐ I took a taxi
☐ I rode the bus
☐ Other way of travel: _____
☐ I didn't go to any prenatal visits (Please tell us why you didn't get any prenatal care, then skip to question 19): _____

b. How many miles did you travel (one way) to your prenatal visits? _____Miles

16. Did any of these things keep you from having as **many** prenatal visits as you wanted? *Check all that apply.*

- ☐ I had no one to take care of my children
- ☐ I had no way to get to the clinic or doctor's office
- ☐ I couldn't get a doctor or nurse to take me as a patient
- ☐ I couldn't get an appointment earlier in my pregnancy
- ☐ I couldn't get away from work
- ☐ The office hours were inconvenient
- ☐ I didn't think that I was pregnant
- ☐ I didn't have enough money to pay for visits
- ☐ My insurance didn't pay enough for my visits
- ☐ I didn't know where to go
- ☐ I didn't need to go so early because I'd been pregnant before and knew what it was all about
- ☐ I had as many visits as the doctor wanted
- ☐ I had as many visits as I wanted
- ☐ My baby was premature
- ☐ Other: _____

Please **tell us how you felt about the prenatal care** you got during your most recent pregnancy. For each of the things listed below, check the best answer. If you went to more than one doctor or clinic for prenatal care, answer for the place where you got most of your care. *How satisfied were you with...*

17. a. The amount of time you had to wait after you arrived for your visits.

- ☐ Very satisfied ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied ☐ Very dissatisfied
- ☐ It was OK

b. The amount of time the doctor or nurse spent with you during your visits.

- ☐ Very satisfied ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied ☐ Very dissatisfied
- ☐ It was OK

c. The advice you got on how to take care of yourself.

- ☐ Very satisfied ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied ☐ Very dissatisfied
- ☐ It was OK

d. The hours the office or clinic was open.

- ☐ Very satisfied ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied ☐ Very dissatisfied
- ☐ It was OK

e. The understanding and respect that the staff showed toward you as a person.

- ☐ Very satisfied ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied ☐ Very dissatisfied
- ☐ It was OK

18. The following questions are about what **the doctor or nurse might have talked to you about** at your prenatal health care visits.

a. Did a doctor or nurse ask you if you smoked?

- ☐ Yes
- ☐ No

b. Did a doctor or nurse talk with you about how smoking during pregnancy could harm your baby?

- ☐ Yes
- ☐ No

c. Did a doctor or nurse talk with you about how being around people who are smoking when you are pregnant could harm your baby?

- ☐ Yes
- ☐ No

d. Did a doctor or nurse ask if you had been drinking any alcoholic beverages (beer, wine, wine coolers, or liquor) during your pregnancy?

- ☐ Yes
- ☐ No

- e. Did a doctor or nurse talk with you about how drinking during pregnancy could harm your baby?
☐ Yes
☐ No
- f. What did the doctor or nurse tell you about drinking during pregnancy?
☐ Told me not to have any alcohol at all
☐ Told me I could have alcohol for special events
☐ Told me I could have one drink a day
☐ Didn't tell me anything about drinking or not drinking alcohol
- g. Did a doctor or nurse ask if you wanted to be tested for HIV/AIDS?
☐ Yes
☐ No
- h. Did a doctor or nurse give you specific information about using or not using certain over-the-counter medicines such as aspirin during your pregnancy?
☐ Yes
☐ No
- i. Did a doctor or nurse ask if you were using drugs such as marijuana or crack cocaine?
☐ Yes
☐ No
- j. Did a doctor or nurse talk with you about what you should eat during your pregnancy?
☐ Yes
☐ No
- k. Did a doctor or nurse ask you if you had a cat as a pet or took care of a cat?
☐ Yes
☐ No
- l. Did a doctor or nurse talk to you about the importance of thoroughly cooking meats?
☐ Yes
☐ No
- m. Did a doctor or nurse talk to you about avoiding paint fumes, other chemicals, pesticides or radiation exposure in the work place or at home?
☐ Yes
☐ No
- n. Did a doctor or nurse talk to you about the importance of wearing a vehicle safety belt when traveling during your pregnancy?
☐ Yes
☐ No
- o. Did a doctor or nurse talk with you about any family history of birth defects or genetic disease?
☐ Yes
☐ No

19. During your pregnancy, were you on any of these programs? *Check all that apply.*

- ☐ WIC (Nutrition Program for Women, Infants and Children)
☐ OPOP (Optimal Pregnancy Outcome Program)
☐ Healthy Start (reservation residents only)
☐ Native American Maternal & Child Health Program (Fort Totten)
☐ Food Stamps
☐ Prenatal Plus (Blue Cross/Blue Shield)
☐ Other - *Please list:* _____

If you were on any of these programs, how did you feel about the services you received?

20. a. Which three of these were the most useful in educating you about your pregnancy and how to take care of yourself? *Check up to three answers.*
- ☐ a. Prenatal Classes
 - ☐ b. My doctor
 - ☐ c. Clinic nurse
 - ☐ d. Midwife
 - ☐ e. Packet of information handed out at the doctor's office or clinic
 - ☐ f. OPOP Staff
 - ☐ g. Healthy Start Staff
 - ☐ h. WIC Staff
 - ☐ i. Public Health Nurse
 - ☐ j. Family and friends
 - ☐ k. Books, magazines and other information that I found for myself
 - ☐ l. My previous experiences with pregnancy
 - ☐ m. Other: _____
- b. Which of the above was **most useful**? _____ (List the letter of the above item that was most helpful to you)
21. How was your prenatal care paid for? *Check all that apply.*
- ☐ Personal income (cash, check or credit card)
 - ☐ Insurance or Health Maintenance Organization (HMO)
 - ☐ Medicaid
 - ☐ Indian Health Service
 - ☐ Military
 - ☐ I still owe
 - ☐ Other: _____
22. If there was one thing you could change about the prenatal care you received, what would that be?
23. a. Did you visit the dentist for an examination and/or treatment during your pregnancy?
- ☐ Yes (Go to question 24)
 - ☐ No (Go to question 23b)
- b. If you answered No, what was the major reason you did not go to the dentist? *Check only one answer.*
- ☐ I was afraid, apprehensive, nervous, or dislike going
 - ☐ I did not have enough money or insurance to pay for my visits
 - ☐ I did not have a dentist
 - ☐ I did not have transportation to the office/clinic
 - ☐ I could not get a dental office to take me as a patient
 - ☐ I was not having any problems
 - ☐ I didn't think about going to the dentist
 - ☐ I don't go to the dentist
 - ☐ Other: _____
24. Which statement describes your smoking behavior during pregnancy? *Check only one answer.*
- ☐ I decreased my smoking
 - ☐ I stopped completely
 - ☐ I tried to stop, but failed
 - ☐ I started smoking
 - ☐ I increased my smoking
 - ☐ I didn't smoke before or during my pregnancy
25. Are you smoking now that your pregnancy is over?
- ☐ Yes
☐ No
26. Does anyone in your household, other than you, smoke?
- ☐ Yes
☐ No

27. Which statement best describes the smoking behaviors of you, your family, and friends around the baby? *Check only one answer.*
- ☐ No one smokes in our house or car at all
 - ☐ No one smokes in our house or car when the baby is there
 - ☐ No one smokes in the same room when the baby is there
 - ☐ No one smokes in the car when the baby is there
 - ☐ Smoking is allowed anytime, anywhere in the house or car
 - ☐ Other: _____
28. Which statement describes your exercise habits during pregnancy? *Check only one answer.*
- ☐ Very little exercise (watch TV, read)
 - ☐ Sporadic exercise (walking once or twice a week, volleyball or bowling once a week)
 - ☐ Moderate exercise (regular walking, swimming, etc. for about 30 minutes a day or 20 minutes of vigorous exercise at least three times a week)
 - ☐ Vigorous exercise (jog several miles a day, aerobics several times a week)
29. The following are things a doctor, nurse, or other health professional might have talked to you about during your pregnancy or right after you had your baby. By each, please circle Y (Yes) if they did talk with you about it or N (No) if they did not talk with you about it.
- | | | |
|---|---|---|
| a. Breastfeeding your baby | Y | N |
| b. How smoking around your baby could affect his/her health | Y | N |
| c. Parenting classes | Y | N |
| d. How shaking a baby can cause brain damage | Y | N |
| e. Laying your baby down to sleep on his/her back or side, not on the stomach | Y | N |
| f. Using a car safety seat for your baby | Y | N |
| g. Other safety tips (cribs, baby walkers, playpens, etc.) | Y | N |
| h. Family planning | Y | N |
| i. The importance of folic acid in food or vitamin pills to prevent birth defects | Y | N |
30. a. Which three of these were most helpful to you in learning to care for your baby?
- ☐ a. Talking with my doctor
 - ☐ b. Talking with my doctor's nurse
 - ☐ c. A packet of information handed out at my doctor's office
 - ☐ d. Prenatal Classes
 - ☐ e. The newsletter "Parenting: The First Year"
 - ☐ f. WIC Staff
 - ☐ g. OPOP Staff
 - ☐ h. Public Health Nurse
 - ☐ i. Family and friends
 - ☐ j. Healthy Start Staff (reservations only)
 - ☐ k. My own study of books, pamphlets, videos, etc.
 - ☐ l. Experience with my other child/children
 - ☐ m. Other: _____
- b. Which of the above items was **most useful**? _____ (List the letter of the above item, that was most helpful to you in learning to care for your baby).
- c. Are you using the *Baby Steps Keepsake* book to record information on your child's development and information from doctor's or WIC visits? (*This is a free resource booklet that your doctor, your insurance company, WIC or OPOP might have given you*).
- ☐ Yes, I used the book during my pregnancy and now use it for my baby
 - ☐ Yes, I use it for my baby, but didn't use it in my pregnancy
 - ☐ No, I received one, but don't use it
 - ☐ No, I don't use it, because I didn't receive one

Now we would like to ask you about how things went **after your baby came home** from the hospital.

31. How old was your baby when she/he came home from the hospital? *Check all that apply.*

- ☐ less than 12 hours old
- ☐ 12-24 hours old
- ☐ 25-48 hours old
- ☐ more than 48 hours old
- ☐ My baby is still in the hospital (Go to question 49)
- ☐ My baby was adopted (Go to question 49)
- ☐ My baby was born at home (Go to question 33)

32. Did your baby ride home from the hospital in an infant car safety seat? ☐ Yes
☐ No

33. a. How old was your baby at the time you were visited at home by someone from public health, the hospital, OPOP, or the Healthy Start Program?

- ☐ less than 1 week old
- ☐ more than 1 week old, but less than 2 weeks
- ☐ more than 2 weeks old
- ☐ we were not visited at home (Go to question 34)

b. Please tell us what was helpful about the home visit:

34. For how many weeks or months did you breastfeed your baby before feeding him or her any other milk, formula or food? *If you did not breastfeed, enter "0" weeks.*

_____Weeks or _____Months

- ☐ I breastfed less than 1 week
- ☐ I'm still breastfeeding, but also give some formula and/or food (write down the number of months you fed breast milk only, then skip to question 36)
- ☐ I'm still breastfeeding and haven't fed my baby anything else (skip to question 36)

35. Did any of these things stop you from breastfeeding? *Check all that apply.*

- ☐ I just didn't want to breastfeed
- ☐ I was planning to go to work or school
- ☐ I tried but my baby didn't breastfeed very well
- ☐ I didn't think I had enough milk
- ☐ Baby preferred the bottle
- ☐ There was no one to help me with my breastfeeding problems
- ☐ My baby was not with me (preemie, adopted)
- ☐ I think it's better for my baby to be bottle fed
- ☐ I was taking medicine
- ☐ I felt it was time to stop
- ☐ Other - *Please tell us why:* _____

36. About how much does your baby weigh now?

- ☐ less than 10 pounds ☐ 10-14 pounds ☐ 15-19 pounds
- ☐ 20-24 pounds ☐ 25-29 pounds ☐ 30 pounds or more

37. a. What is your baby's most common sleeping position? *Check only one answer.*

- ☐ Stomach
- ☐ Back
- ☐ Side

b. Why did you choose this sleeping position for your baby? *Check only one answer.*

- ☐ Doctor or nurse at clinic suggested it
- ☐ WIC or OPOP staff suggested it
- ☐ A Public Health Nurse suggested it
- ☐ A family member or friend suggested it
- ☐ I read about it in a magazine, newspaper or baby care book
- ☐ I heard about it on TV or radio
- ☐ This is the way my other children slept
- ☐ I sleep in this position
- ☐ I was afraid of vomiting/spitting up/choking
- ☐ Other - *Please tell us why:* _____

38. a. Within the last two weeks where does your baby **usually** sleep at night? *Check only one answer.*
- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> crib, standard size | <input type="checkbox"/> adult bed | <input type="checkbox"/> on the floor |
| <input type="checkbox"/> bassinet | <input type="checkbox"/> sofa | <input type="checkbox"/> playpen |
| <input type="checkbox"/> cradle | <input type="checkbox"/> drawer | <input type="checkbox"/> infant or car safety seat |
| <input type="checkbox"/> portable crib | <input type="checkbox"/> box | <input type="checkbox"/> other: _____ |
- b. What type of material is usually under the baby when sleeping? *Check all that apply.*
- | | | |
|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> mattress, firm | <input type="checkbox"/> water bed | <input type="checkbox"/> rug |
| <input type="checkbox"/> foam pad | <input type="checkbox"/> sleeping bag | <input type="checkbox"/> cushion |
| <input type="checkbox"/> mattress pad | <input type="checkbox"/> pillow | <input type="checkbox"/> sheepskin |
| <input type="checkbox"/> sheet | <input type="checkbox"/> blankets | <input type="checkbox"/> beanbag |
| <input type="checkbox"/> other: _____ | | |
39. What was the number of blankets or sheets used last night to cover your baby?
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐ no blankets or sheets
40. a. Does your infant sleep on a pillow?
- ☐ Yes (Go to question 40b)
- ☐ No (Go to question 41)
- b. How thick is the baby's pillow?
- ☐ 1 inch thick ☐ 2 inches thick
- ☐ 3 inches thick ☐ 4 inches thick
41. On the average night during the past two weeks, how many layers of clothing does your baby usually wear to bed at night? *Do not count the diaper.*
- ☐ 1 layer ☐ 2 layers
- ☐ more than 2 layers ☐ No clothes, only a diaper
42. a. Does your baby currently sleep with a cap on at night?
- ☐ Yes (Go to question 43)
- ☐ No (Go to question 42b)
- b. If No, did your baby sleep with a cap on when younger?
- ☐ Yes, until _____ months of age
- ☐ No
43. How warm would you estimate the temperature is in the room your baby now sleeps in most of the time?
- ☐ More than 72 degrees
- ☐ Less than 72 degrees
44. a. How many times has your baby been to a doctor or nurse for **routine well baby check-ups** (check-ups when your baby was not sick)?
- ☐ 0 times ☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 times
- b. Have any of these reasons kept you from taking your baby to the doctor for routine well baby care? *Check all that apply.*
- ☐ I didn't have enough money
- ☐ My insurance wouldn't pay for it
- ☐ My insurance pays some, but I can't afford to pay the rest of the cost
- ☐ I couldn't get an appointment
- ☐ I had no way to get the baby to the doctor or clinic
- ☐ I didn't have anyone to take care of my other children
- ☐ I didn't know when to bring my baby back to the doctor
- ☐ No, we take our baby to the doctor regularly for well baby check-ups
- ☐ Other - please tell us: _____
- _____
- _____
- _____

45. Did any of these things keep you from getting medical care for your baby when he or she was sick? *Check all that apply.*

- ☐ I had no insurance and didn't have enough money to pay for routine visits
 - ☐ My insurance pays some, but I couldn't afford to pay the rest
 - ☐ I couldn't get an appointment
 - ☐ I had no way to get my baby to the clinic or office
 - ☐ I didn't have anyone to take care of my other children
 - ☐ Nothing kept us from medical care when our baby was sick
 - ☐ My baby has not been sick
 - ☐ Other - please tell us: _____
-

46. Has your baby had the 2-month series of immunization shots? ☐ Yes
☐ No

47. a. Are you currently using a car safety seat for your baby's travel?

- ☐ Yes (Go to questions 48)
- ☐ No (Go to question 47b)

b. If No, why aren't you using a car safety seat?

- ☐ Can't afford one (Go to question 49)
- ☐ Don't believe they are necessary (Go to question 49)
- ☐ My baby doesn't like riding in one (Go to question 49)
- ☐ Other: _____ (Go to question 49)

48. a. What type of car safety seat does your new baby most often ride in? *Check only one answer.*

- ☐ A car safety seat designed for infants only
- ☐ A car safety seat designed for both infants or toddlers
- ☐ A booster seat

b. How does the baby ride when traveling in a vehicle? *Check the answer that applies most of the time.*

- ☐ In the front seat facing backwards (safety seat faces back of vehicle)
- ☐ In the front seat facing forwards (safety seat faces windshield)
- ☐ In the back seat facing backwards (safety seat faces back of vehicle)
- ☐ In the back seat facing forward (safety seat faces windshield)

c. Do any of the vehicles that your baby rides in have a passenger side air bag?

- ☐ Yes
- ☐ No

d. Where did you get the car safety seat you are now using for your baby? *Check only one answer?*

- ☐ Purchased new for this baby
 - ☐ Received new for this baby as a gift
 - ☐ Had one from another of my babies
 - ☐ Purchased used (at a rummage sale or thrift store)
 - ☐ Received or purchased used from a family member or friend
 - ☐ Given by hospital when baby was born
 - ☐ Rented it from a car safety seat rental program
 - ☐ Other: _____
-

49. Where do you go most of the time for your birth control or family planning services? *Check only one answer.*

- ☐ Family Planning Program
- ☐ Private Physician/Clinic
- ☐ Community Health Center
- ☐ UND Family Practice Center
- ☐ Indian Health Service
- ☐ Military Health System
- ☐ Over-the-Counter (condoms, foams, etc.)
- ☐ I don't go anywhere, I've had my tubes tied or my husband or partner has had a vasectomy
- ☐ I'm using natural family planning, so don't go anywhere
- ☐ I'm not using any kind of birth control

50. How many people are in your household? _____ People
How many are 17 years or younger? _____
How many are 18 years or older? _____

51. What is the highest level of education that you and the baby's father have completed?

Mother	Father	
<input type="checkbox"/>	<input type="checkbox"/>	No formal education
<input type="checkbox"/>	<input type="checkbox"/>	Some Grade School
<input type="checkbox"/>	<input type="checkbox"/>	Completed Grade School
<input type="checkbox"/>	<input type="checkbox"/>	Some High School
<input type="checkbox"/>	<input type="checkbox"/>	Completed High School/GED
<input type="checkbox"/>	<input type="checkbox"/>	Some College or Technical School
<input type="checkbox"/>	<input type="checkbox"/>	Completed College
<input type="checkbox"/>	<input type="checkbox"/>	Some Graduate Work
<input type="checkbox"/>	<input type="checkbox"/>	Completed Graduate Work

52. What is your age? _____ Years

53. What is the age of the baby's father? _____ Years

54. Who in your household earned income during your pregnancy? *Check all that apply.*

<input type="checkbox"/> Yourself	<input type="checkbox"/> Your Father/Stepfather
<input type="checkbox"/> Husband	<input type="checkbox"/> Your Mother/Stepmother
<input type="checkbox"/> Male Partner	<input type="checkbox"/> Other: _____

55. What is your annual household income before taxes and other deductions?

<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$40,000 - \$49,000
<input type="checkbox"/> \$10,000 - \$19,000	<input type="checkbox"/> \$50,00 or More
<input type="checkbox"/> \$20,000 - \$29,000	<input type="checkbox"/> Don't Know
<input type="checkbox"/> \$30,000 - \$39,000	

56. a. How far into your pregnancy did you work?

☐ I worked until the day I delivered
☐ I worked until 2-6 days before I delivered
☐ I worked until _____ weeks before my delivery
☐ I didn't work outside the home during my pregnancy (Go to question 57)

b. How would you classify the physical demands of your job?

☐ Physically active (on your feet most of the day; have to lift heavy objects; have to travel a lot by car or plane, or do a lot of farm work)
☐ Not physically active (work at desk or computer most of day)

c. How would you classify the mental stress of your job?

☐ Extremely stressful
☐ Somewhat stressful
☐ Not mentally stressful

57. Do you live on a military base? ☐ Yes
☐ No

58. Do you live on an Indian reservation? ☐ Yes
☐ No

Is there anything else you would like to tell us about your prenatal care or things you would like to have learned more about in taking care of your baby? _____

If you have any concerns about the questions on the survey, feel free to call our toll-free number: 1-800-472-2286.

*Living in North Dakota, your chances of having a healthy baby
are better than in many other states,
and we want to help keep it that way!
Thank you for helping us.*

Please return this survey in the enclosed self-addressed,
postpaid envelope to:

Division of Maternal and Child Health
ND Health Department
600 E Boulevard Ave
Bismarck ND 58505-9986

Winter/Spring 1996

Dear North Dakota Mother:

The North Dakota Department of Health (Division of Maternal and Child Health) works toward improving the health of North Dakota's mothers and babies. As part of the division's commitment to healthy mothers and babies, we are surveying mothers whose babies are about three months old. This information will help us to better understand the type of health care you received during your pregnancy and following the baby's birth, and how you learned to care for your new baby.

It will take you about twenty minutes to complete the survey. If you made an adoption plan for your baby or if your baby died after birth, we would still appreciate you completing questions 1-28 and 50-58. Please complete the survey and mail it in the enclosed, addressed, postage-paid envelope within two weeks.

For those of you completing the survey, we will draw for prizes donated by the March of Dimes (an activity gym) and the North Dakota Injury Prevention Program (toddler car safety seat). Just write your name, address, and phone number on the enclosed postcard and mail it to the department. We will hold the drawing on June 3, 1996.

The number on the top of the page lets us know if you returned your survey. After we have received your completed survey, we will match the numbers to our list and remove your name and address. If you do not complete the survey and return it to us, we will mail you another survey in three weeks. Again, please note we will not connect your name with your answers in any way.

Your answers in this survey will help us decide how best to spend our limited funding -- your tax dollars. Thanks for your help in keeping North Dakota's babies healthy.

Sincerely,

Sandra Anseth, R.N., B.S.N.
Director
Division of Maternal & Child Health

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